

# *WESTERN PSYCHOLOGICAL & COUNSELING SERVICES, P.C.*

## INFORMED CONSENT FOR TREATMENT AND EVALUATION FOR WASHINGTON MENTAL HEALTH SERVICES

As a client of Western Psychological & Counseling Services, PC you have certain rights and responsibilities when consulting a Western Provider for treatment or evaluation. At Western, your treatment Provider may be a Psychologist, Psychiatrist, Nurse Practitioner, Social Worker, or Counselor including Residents or Interns. You have the right:

- 1. TO BE INFORMED REGARDING THE TERMS UNDER WHICH TREATMENT OR EVALUATION WILL BE PROVIDED.** Policies related to charges, billing insurance, appointments, emergencies, and coverage for when your Provider is unavailable, and other matters will be explained or provided to you. It is your responsibility as a client to stay informed so if you have any questions, please discuss them with your Provider.
- 2. TO CHOOSE THE BEST TREATMENT AND PROVIDER.** There are a variety of professionals offering counseling, psychotherapy, psychiatric evaluations. There are also a number of different approaches to working with human issues. It is your right and responsibility to choose the treatment and Provider that best match your needs and to participate in the development and periodic review of an individualized treatment plan. You also have a right to a detailed explanation of any treatment or procedure your Provider may choose to use including the risks involved and the side-effects, if any. If you believe you are not receiving the treatment you require, please raise this concern with your Provider and s/he will work with you to revise your treatment plan or to refer you to other professionals who may be able to meet your needs.
- 3. TO KNOW THE QUALIFICATIONS AND TRAINING of your Provider.** A Provider information sheet will be provided to you. If you have concerns, complaints, or believe a breach of professional conduct has occurred, you may contact the vice president or his designee to discuss the problem. Every attempt will be made to resolve the difficulty so that treatment may continue unhindered. If the difficulty is not resolved, you have the right to make a formal complaint to the relevant licensing agency.
- 4. TO REFUSE TREATMENT OR TO STOP TREATMENT** at any time and for any reason. In the case where a minor is the client without either parent's consent, then the minor may refuse treatment at any time. If the parents have provided consent to treatment, then the parents or legal guardian have the right to refuse or stop treatment for the minor. You also have the right to refuse or stop evaluations. Your provider also has the right to refuse or terminate treatment, in which case you will be provided with alternatives. It is our hope that if you have concerns regarding your treatment or wish to discontinue you will discuss this with your Provider.

5. **TO DISCUSS YOUR DIAGNOSIS.** Unless it would be detrimental to your well-being to do so, you have the right to discuss your diagnosis. After your initial mental health assessment, your Provider will discuss with you your initial or provisional diagnosis if you request to do so. You may also discuss your diagnosis at any time as long as doing so would not be detrimental to your health or welfare.
6. **TO CONFIDENTIALITY.** This means that what you tell your Provider and what is contained in your clinical file will not be repeated or released by the Provider to anyone else without your express permission (i.e. by a signed release of information) except as required or permitted by law. In most instances you have the right to see and have access to the contents of your file within 15 working days after your written request. In some instances, however, you may be denied access to your records if your Provider determines that access to that information would be injurious to your or another individual's health, that access could lead to the identification of another patient, or disclosure is otherwise prohibited by law. In any situation where disclosure would be detrimental to your or another individual's health, you would be allowed to designate another health care Provider to receive your records. You have the right to discuss your own therapy or evaluation with anyone you choose, including another Provider. Please understand, however, that the content of group therapy is confidential and may not be shared with anyone outside of the group.

## **MINORS**

In the state of Washington Providers may provide outpatient treatment to a minor 13 to 17 years of age without the consent of a parent. The minor is the client and has the right to confidentiality. The client's authorization is required to release information to third parties. If the minor has consented to treatment on their own (i.e. without their parent's involvement) the treatment Provider will disclose information to the parent without the client's consent, only to the extent that it serves the best interest of the client or is required or permitted by law. If consent to treatment is given by either parent for a minor, then both parents may be allowed access to the minor's records. The parent of a minor is not liable for payment of inpatient or outpatient chemical dependency treatment unless the parent has joined in the consent to the treatment.

## **LIMITS TO CONFIDENTIALITY**

There are some limits and exceptions to patient confidentiality:

**CHILD OR ELDER ABUSE** Generally, Providers are required by law to report any known or suspected cases of child or elder abuse to the Children's Services Division or to any local law enforcement agency.

**HARM TO SELF OR OTHERS.** If a Provider learns that someone is about to kill or to do harm to someone else, s/he will do her/his best to warn the intended victim. If a Provider learns that a client intends to harm his/her self, the Provider will breach confidentiality to the extent necessary for his/her protection.

**NON-CUSTODIAL PARENTS.** By law, non-custodial parents have the same access rights to their children's treatment records as the custodial parent.

**SUPERVISION.** If you are seeing an unlicensed Provider (e.g., a master's level counselor, psychology intern, or a psychologist resident, etc.) then it is expected that your Provider will initially present your case in a clinical staffing and also periodically review and discuss your treatment with a supervisor. You will be provided the name of the supervisor prior to receiving treatment or evaluation.

**CONSULTATION.** Occasionally, it is in your best interest for your Provider to consult other Providers who are on the staff of Western regarding your treatment (e.g. medication issues, family issues, obtaining another's expert opinion, covering emergency phone calls, etc.). As employees of Western, these Providers will comply with the confidentiality policies of Western. In cases where consultation with another professional outside of Western is required, then your written consent will be obtained.

**INSURANCE.** Insurance companies or their designated management company may require information about your diagnosis, treatment history, prognosis, treatment, or other relevant information in order to authorize services or process claims. A release of information will be obtained for this if you are utilizing an insurance company.

I have read and understand my rights and responsibilities as outlined in the Western Psychological and Counseling Service, P.C. informed consent for treatment and evaluation form. Furthermore, by signing this form, I consent to receive Mental Health Services to be provided by Western Psychological and Counseling Service, P.C.

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Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date